IEMA
Illinois Emergency Management Agency
Division of Nuclear Safety

Pat Quinn, Governor
Andrew Velasquez III, Director
Joseph G. Klinger, Assistant Director

April 14, 2010

The Honorable Edward J. Markey, Chairman
Subcommittee on Energy and Environment
Committee on Energy and Commerce
2125 Rayburn House Office Building
Washington, DC 20515-6155

Dear Representative Markey:

The Illinois Emergency Management Agency, Division of Nuclear Safety's Bureau of Radiation Safety (the Agency), hereby submits its reply to your inquiry dated March 18, 2010, regarding patients treated and released with radiopharmaceuticals. As an agreement state, the authority to regulate the safe use of radiation in Illinois lies with our Agency. Per our agreement with the U.S. Nuclear Regulatory Commission (NRC), we have adopted the equivalent of NRC's 10 CFR 35.75 with notable additions as follows:

1. The basis for authorizing the release of an individual in accordance with this regulation must include the assessment and evaluation criteria used for the patient's medical, living and working conditions, activities of radioactive material used (i.e., retained or administered activity), occupancy factors, biological or effective half-life of radioactive material, shielding by tissue, and means of estimating doses to any other individuals; and,

2. A physician's approval and signed certification for patients released under this provision (the authorized user physician must state in writing that he or she is professionally satisfied that patient compliance with necessary instructions is likely and the patient is suitable for release).

We believe that under the Illinois rules the interests of public health and safety can be met while also allowing the highest quality of medical care available. Much of the historical discussion to allow patient release under these terms centered on lowering the cost of medical care and also providing a better quality of life by allowing certain patients to recover at home. A number of esteemed and respected medical organizations were involved in this discussion at that time. Articles and comments from medical and academic institutions were also considered in this process. These types of organizations that are inherently familiar with the risk vs. benefit of patient care must be involved in any future discussions regarding amendments to this rulemaking. We are not aware of any evidence that suggests occupational workers, family members or the public are being subjected to dangerous levels of radiation under the existing regulatory framework. However, we encourage any discussion that leads to reductions in public dose. The Agency's comments to your inquiries are as follows: